IN THE UNITED STATES DISTRICT COURT FOR THE MIDDLE DISTRICT OF ALABAMA

Z005 JUL 13 A 9: 33

RECEIVED

Full name and prison number of plaintiff(s) V. Genva County To (To be supplied by Clerk o U.S. District Court) Name of person(s) who violated your constitutional rights. (List the names of all the persons.) I. PREVIOUS LAWSUITS A. Have you begun other lawsuits in state or federal condealing with the same or similar facts involved in the action? YES () NO () B. Have you begun other lawsuits in state or federal conrelating to your imprisonment? YES () NO () C. If your answer to A or B is yes, describe each lawsuit in the space below. (If there is more than one lawsuits describe the additional lawsuits on another piece of paper, using the same outline.) 1. Parties to this previous lawsuit: Plaintiff(s) Defendant(s)	V. 0	1/	(o [<u> </u>	DEBRA P. HACKETT, CLK U.S. DISTRICT COURT
CIVIL ACTION NO. OF COMPANY OF CO	Full :	name			MIDDLE DISTRICT ALA
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Plaintiff(s) Defendant(s)	C	•	desc:	ne space below. () ribe the additiona	If there is more than one lawsuit, lawsuits on another piece of
Defendant(s)			1.	Parties to this p	revious lawsuit:
				Plaintiff(s)	
	•	-		?	
2 Count //s s-2				Defendant(s)	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
2. Court (if federal court, name the district; if state court, name the county)			2.	Court (if federal state court, name	court, name the district; if the county)

	3.	Docket number	
	4.	Name of judge to whom case was assigned	
	5.	Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)	
	6.	Approximate date of filing lawsuit	
	7.	Approximate date of disposition	
II.	PLACE OF	PRESENT CONFINEMENT Genva County Jail	
	PO 13	OX 116 Genve, Alabama 36340-0115	
	PLACE OR	INSTITUTION WHERE INCIDENT OCCURRED Genue County	
III.	CONSTITUT	ADDRESS OF INDIVIDUAL(S) YOU ALLEGE VIOLATED YOUR IONAL RIGHTS. AME ADDRESS	
	1. Green	Word Genua County	
	2. <u>Done</u>	ald weeks Genua County	
	3. Mari	lyn Genua County	
	4.		
	5.		
•.	6.		. 1564 -
IV.	THE DATE	UPON WHICH SAID VIOLATION OCCURRED June 2815	
	200.5		
٧.	STATE BRI	EFLY THE GROUNDS ON WHICH YOU BASE YOUR ALLEGATION CONSTITUTIONAL RIGHTS ARE BEING VIOLATED:	
	GROUND ON	E: That all county joils are suppose to	
	have x	egistered nurse on staff 24 hrs 7 days	کھ

STATE BRIEFLY THE FACTS best you can the time,	WHICH SUPPORT THIS GRO place and manner and pe	OUND. (State as erson involved.)	
On June 28th at 8:30pma			
for something for headacke, s			
out request to see doctor an	nd turned it in an 29th of Ju	ne 6:00 pm. Mr. Donald We	eks
mother Jailer come back at			
the doctor was out and would			
GROUND TWO: That meither		Mr. Dond Weeks	
is allowed by low to distr	bute any medication Non	nesciption or Prescip	ption
SUPPORTING FACTS: That	neither Miss Marilyo	me Mait	
Donald Weeks is regis	tored moderal staff		
	TO CO MILATOR STOTE		
GROUND THREE:			
SUPPORTING FACTS:			
			

VI.	STATE BRIEFLY EXACTLY WHAT YOU WANT THE COURT TO DO FOR YOU. MAKE NO LEGAL ARGUMENT. CITE NO CASES OR STATUTES.
	130,000.00, all court east, atterney fees, and resonable
	expenses paid in full. A registered nurse on staff By his Todays who has exercise everyday. Jail run by regulations.
•	By his Tdays wk. Ihr exercise every day. Jail run
	by regulations a
	Signature of plaintiff(s)
	I declare under penalty of perjury that the foregoing is true
and	correct.
	EXECUTED on July 2 md 2005.
	/ (Date)

Signature of plaintiff(s)